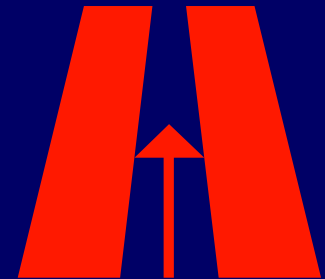


National High Blood Pressure Education Program



**The Sixth Report of the Joint National
Committee on Prevention, Detection,
Evaluation, and Treatment of High
Blood Pressure
(JNC VI)**

Sixth Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

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National Medical Association

National Optometric Association

National Stroke Association

**NHLBI Ad Hoc Committee on Minority
Populations**

Society for Nutrition Education

U.S. Department of Veterans Affairs

JNC VI Table of Contents

1. Introduction
2. Blood Pressure Measurement and Clinical Evaluation
3. Prevention and Treatment of High Blood Pressure
4. Special Populations and Situations

Purpose of the JNC VI Report

To use evidence-based medicine and consensus to report on contemporary approaches to hypertension prevention and control for use by primary care clinicians.

Progress of the National High Blood Pressure Education Program

- Increased awareness, treatment, and control.
- Decreased morbidity and mortality from stroke and coronary heart disease (CHD).

Public Health Challenges for the National High Blood Pressure Education Program

- Prevent blood pressure rise with age.
- Decrease prevalence.
- Increase awareness and detection.
- Improve control.
- Reduce cardiovascular risks.

Public Health Challenges for the National High Blood Pressure Education Program (continued)

- Recognize importance of controlled isolated systolic hypertension.
- Recognize importance of high-normal blood pressure.
- Reduce demographic variations.
- Improve opportunities for treatment.

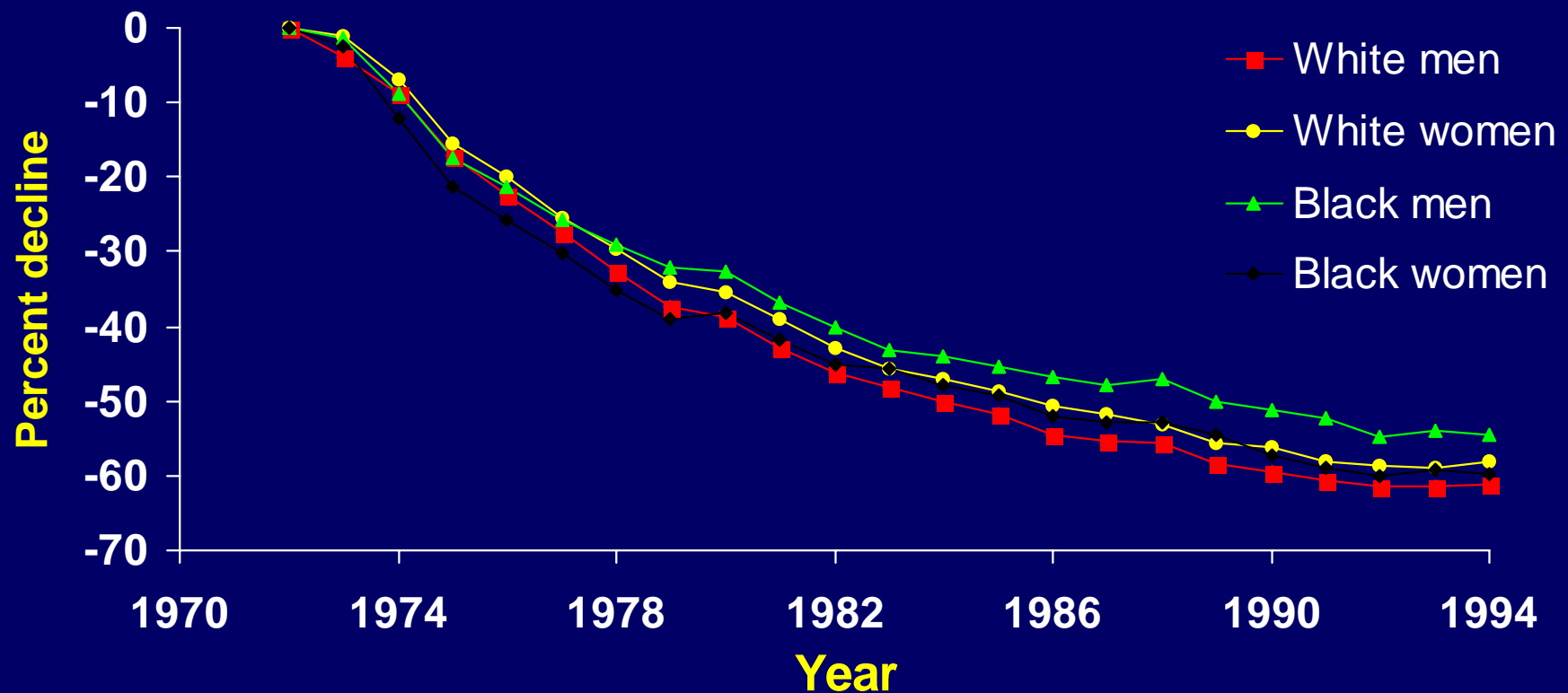
Awareness, Treatment, and Control of High Blood Pressure in Adults*

	NHANES II 1976–80	NHANES III (Phase 1) 1988–91	NHANES III (Phase 2) 1991–94
Awareness	51%	73%	68.4%
Treatment	31%	55%	53.6%
Control**	10%	29%	27.4%

* Adults ages 18 to 74 years with SBP \geq 140 mm Hg or DBP \geq 90 mm Hg or taking antihypertensive medication.

** SBP < 140 mm Hg and DBP < 90 mm Hg.

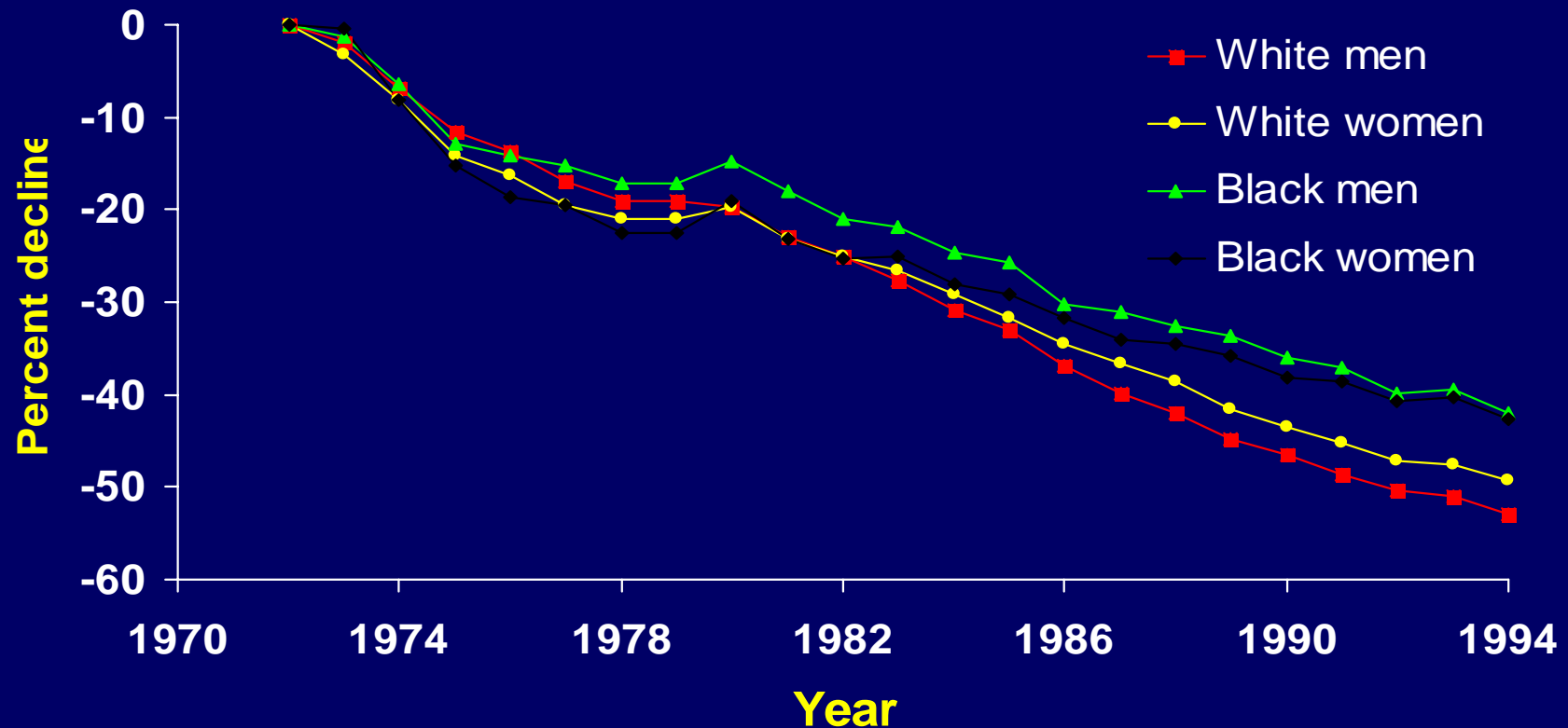
Percent Decline in Age-Adjusted* Mortality Rates for Stroke by Sex and Race: United States, 1972–1994



The decline in age-adjusted mortality for stroke in the total population is 59.0%.

*Age-adjusted to the 1940 U.S. census population.

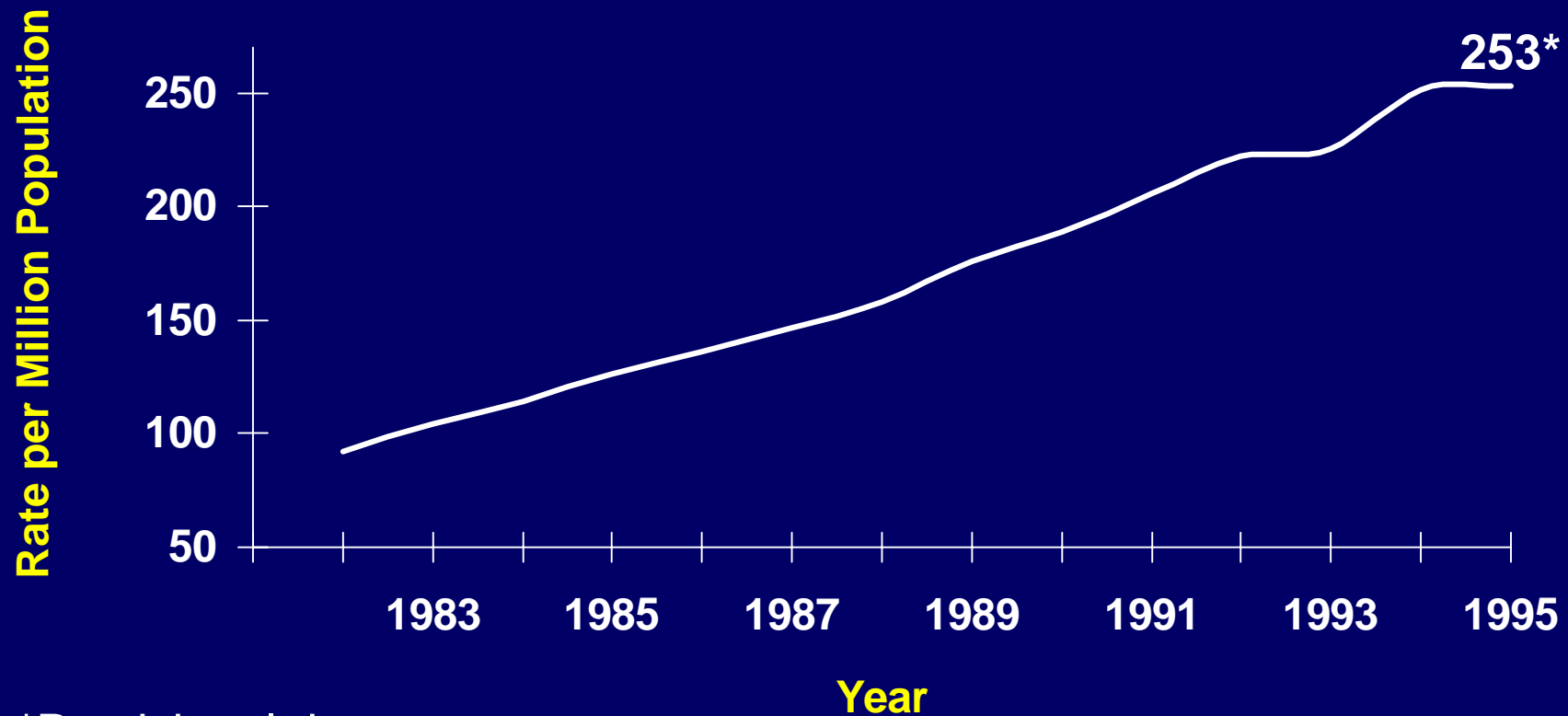
Percent Decline in Age-Adjusted* Mortality Rates for CHD by Sex and Race: United States, 1972–1994



The decline in age-adjusted mortality for CHD in the total population is 53.2%.

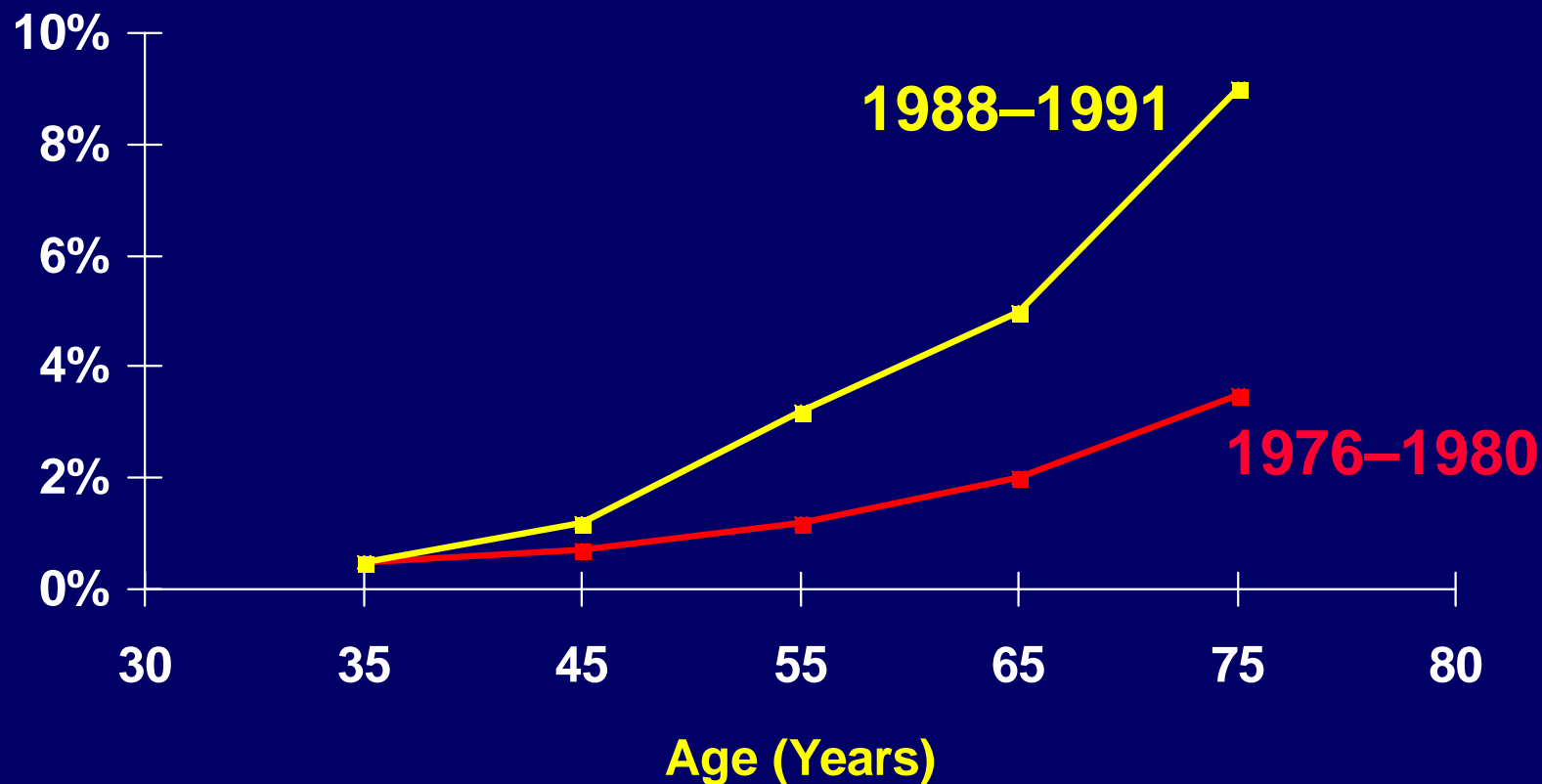
*Age-adjusted to the 1940 U.S. census population.

Incidence of Reported End-Stage Renal Disease Therapy, 1982–1995



*Provisional data.
Adjusted for age, race, and sex.

Prevalence of Heart Failure, by Age, 1976–1980 and 1988–1991



Summary of Chapter 1

- Hypertension awareness, treatment, and control rates have increased over the past three decades. The rates of increase have lessened since JNC V.
- Age-adjusted mortality for stroke and CHD declined during this time but now appear to be leveling.
- The incidence of end-stage renal disease and the prevalence of heart failure are increasing.

Summary of Chapter 1 (continued)

- Randomized controlled trials provide the best method of estimating benefit of treatment and source of information for clinical policy, but they have limitations.
- Prevention and treatment of hypertension and target organ disease remain important public health challenges that must be addressed.